

EXHIBIT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <i>Doris</i> B. Date of Delivery <i>9-7-05</i></p> <p>C. Signature <i>X</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>United States Corporation Company 3 Avenue of the Americas, Suite 10 New York, NY 10006</p> <p>2. Article Number (Copy from service label) <i>7000 1670 0011 6180 5014</i></p>			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-00-M-0952	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL U.S. POSTAL SERVICE

RODNEY JONES
Postmaster
Here
2005

Postage	\$ <i>152</i>
Certified Fee	<i>2.30</i>
Return Receipt Fee (Endorsement Required)	<i>1.75</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>16.70</i>

Sent To **United States Corporation Company**
 Street, Apt **1133 Avenue of the Americas, Suite**
 City, State **3100**
New York, NY 10006

PS Form 3811, July 1999



Registered No. **R3669332542 US**

To Be Completed
By Post Office

Reg. Fee \$ 7.50	Handling \$ <u>30</u>	Return Receipt \$ <u>175</u>
Postage \$ <u>175</u>	Restricted \$ <u>175</u>	Delivery
Received by <u>Jill</u>		
Customer Must Declare		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance

Domestic Insurance up to
\$25,000 is included in the fee.
International Indemnity
is limited.
(See Reverse).

FROM

Greenberg Traurig LLP
1000 West Street Suite 1540
Wilmington DE 19801

Ministre de l'Economie, des Finances et de
Budget
Centre Administratif, Quartier Plateau
BP 2093
Brazzaville, Congo

Receipt for Registered Mail
Copy 1 - Customer
(See Information on Reverse)

PS Form 3806,
June 2002

For delivery information, visit our website at www.usps.com ®

Item Description		Registered Article (Envoi recommandé)	Printed Matter (Lettre imprimée)	Recorded Delivery (Envoi à livraison attestée)	Express Mail International	Date of Posting (Date de dépôt)	Date
Insured Parcel		Insured Value (Valeur déclarée)	Article Number				
Office of Mailing (Bureau de dépôt)							
Addressee Name							
Budget							
Centre Administratif, Quartier Plateau							
BP 2093							
Place and Co							
<p>This receipt must be signed by (1) the addressee, or (2) a person authorized to sign under the regulations of the country of destination; or (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)</p> <p><input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)</p> <p>Complété et destinataire. (A completed by the office of origin.)</p> <p>Complété par le bureau d'origine. (A completed by the office of destination.)</p> <p>Signature of Addressee (Signature du destinataire) <u>[Signature]</u> Office of Destination Employee Signature (Signature de l'agent du bureau de destination) <u>[Signature]</u></p> <p>11/30/2005</p> <p>SEP 21 2005</p> <p>WILMINGTON DE 19801</p>							

— registered no. **RB669332499US**

Reg. Fee \$ 750	Handling Charge \$	Return Receipt \$ 1.75
Postage \$	Restricted Delivery \$	
Received by <i>[Signature]</i>		
Customer Must Declare <input type="checkbox"/> With Postal Insurance Full Value \$ <input type="checkbox"/> Without Postal Insurance		
By Post Office		
To Be Completed By Customer		

Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).

FROM
Greenberg Traurig LLP
1000 West Street Suite 1540
Wilmington DE 19801

To
 Directeur General de la Caisse Congolaise d'Amortissement
 BP 2090
 Brazzaville, Congo

PS Form 3806, Receipt for registered mail
 June 2002

(See Information on Reverse)

For delivery information, visit our website at www.usps.com

Item Description (Nature de l'envoi)	Registered Article (Envoyé recommandé) <input type="checkbox"/>	Printed Letter (Lettre imprimée) <input type="checkbox"/>	Recorded Delivery Matter (Autre) <input type="checkbox"/>	Express Mail International (Envoi à livraison attestée) <input type="checkbox"/>
Insured Parcel (Colis avec valeur déclarée)	Insured Value (Valeur déclarée) Article Number <i>25 100 337 405</i>			
Office of Mailing (Bureau de dépôt)	Mailing (Date de dépôt) <i>25/06/02</i>			
Addressee Name or Firm Street and No. (Rue et)	Directeur General de la Caisse Congolaise d'Amortissement BP 2090 Brazzaville, Congo			
Place and Country (Loc)				

Completed by the office of origin.
(A remplir par le bureau de destination.)

This receipt must be signed by: (1) the addressee; or (2) a person authorized to sign under the regulations of the country of destination; or (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'émetteur).

<input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)	<input type="checkbox"/> Office of Destination Employee Signature (Signature de l'agent du bureau de destination)
Date <i>[Signature]</i>	Signature of Addressee (Signature du destinataire)

A completed address label.
(A compléter à destination.)

PS Form 2865, February 1987 (Reverse)

Date Stamp —

— Registered No. **R669332508US**

REGISTRATION DE 19801
S.S. AUG 2005

Reg. Fee \$ 750	Handling Charge \$ 153	Postage \$ 153	Customer Must Declare Full Value \$ 750
Delivery	Return Receipt	Restricted \$	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance
Received by <i>Chela</i>	Domestic Insurance up to \$ 750.00 is included in the fee. International indemnity is limited. (See Reverse).		

FROM		Greenberg Traurig LLP 1000 West Street Suite 1540 Wilmington DE 19801	
TO		Republic of the Congo c/o Head of the Ministry of Foreign Affairs Rodolphe Adada BP 98 Brazzaville, Congo	
PS Form 3806, Receipt or registered mail <small>(Please Print) (See Information on Reverse)</small>			

All Entries Must Be in Ballpoint or Typewritten
 To Be Completed By Customer
 (Please Print)
 (See Information on Reverse)

PS Form 3806, Receipt or registered mail
 June 2002

For delivery information, visit our website at www.usps.com ®

Completed by the office of origin. (A remplir par le bureau d'origine.)		Place and Country (Locality et pays)		Postmark of the office of destination, or (3) if delivered by an employee of the office of destination. (Timbre du bureau de destination ou (3) si livré par un employé de ce bureau.)	
Item Description (Nature de l'envoi)		Printed Article (Envoi recommandé) <input type="checkbox"/> Letter <input type="checkbox"/> Other Matter (Autre) (Imprimé)		Recorded Delivery <input type="checkbox"/> Express (Envoy à livraison attestée)	
Insured Parcel (Colis avec valeur déclarée)		Insured Value (Valeur déclarée)		Mail International	
Office of Address Street a		RIS (Aug 23 2008 US)		Date of Posting (Date de dépôt)	
The article mentioned above was duly delivered. <input type="checkbox"/> (L'envoi mentionné ci-dessus a été délivré.)					
Date Office of Destination Employee Signature					

This record must be signed by: (1) the addressee or, (2) a person authorized to sign under the regulations of the country of destination, or (3) if these regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail.
 (Cet acte doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'émetteur.)

EXHIBIT B

AFFIDAVIT OF PERSONAL SERVICE

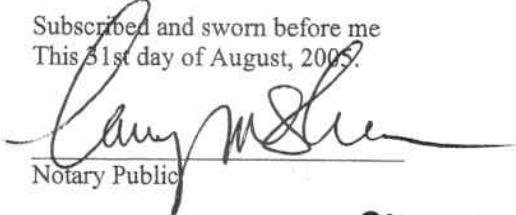
STATE OF DELAWARE }
 }ss.
COUNTY OF NEW CASTLE }

I, Joseph Saienni, of the State of Delaware, County of New Castle, being duly sworn, says that on the 31st day of August, 2005, at 12:20 p.m., I personally served a copy of a NOTICE OF SUIT, AFFIDAVIT FOR CONVERSION FOR FOREIGN JUDGEMENT TO DELAWARE JUDGEMENT, FORM FOR RECORDATION OF ASSIGNED DELAWARE JUDGEMENT NUMBER, NOTICE OF MOTION FOR ORDER DIRECTING CLERK TO ISSUE WRIT OF GARNISHMENT, MOTION FOR ORDER DIRECTING CLERK TO ISSUE WRIT OF GARNISHMENT, ORDER DIRECTING CLERK TO ISSUE WRIT OF GARNISHMENT & WRIT OF GARNISHMENT on **CMS NOMEKO CONGO, INC.**, by serving its registered agent, The Corporation Trust Company, at 1209 Orange Street, Wilmington, DE 19801.

Name of individual personally served: Brian Penrod.



Subscribed and sworn before me
This 31st day of August, 2005.



Notary Public

CAREY M. SHEA
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires May 24, 2007

My commission expires:

EXHIBIT C

Case 1:05-cv-00762-SLR Document 8-2 Filed 11/30/2005 Page 9 of 19

Reg. Fee \$ 750		Date Stamp WILMINGTON DE 19801 SEP 8 2005 USPS	Reg. Fee \$ 750	Date Stamp WILMINGTON DE 19801 SEP 8 2005 USPS	
Handling Charge	Return Receipt \$ 175	To Be Completed By Post Office	Handling Charge	Return Receipt \$ 175	
Postage \$	Restricted \$ Delivery		Postage \$	Restricted \$ Delivery	
Received by			Received by		
Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance	Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance
<p>Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).</p> <p>Greenberg Traurig LLP 1000 West Street Suite 1540 Wilmington DE 19801</p>					
FROM					
TO					

Form 3806, Receipt for Registered Mail Copy 1 - Customer
June 2002 (See Information on Reverse)

For delivery information, visit our website at www.usps.com ®

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
June 2002 (See Information on Reverse)

For delivery information, visit our website at www.usps.com ®

Registered No. KB669332940US

Reg. Fee \$ 750		Date Stamp WILMINGTON DE 19801 SEP 8 2005 USPS			
Handling Charge	Return Receipt \$ 175	To Be Completed By Post Office			
Postage \$	Restricted \$ Delivery				
Received by					
Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance			
<p>Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).</p> <p>Greenberg Traurig LLP 1000 West Street Suite 1540 Wilmington DE 19801</p>					
FROM					
TO					

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
June 2002 (See Information on Reverse)

For delivery information, visit our website at www.usps.com ®

J-22-165

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X 20109/05 G. L. G. G.</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>20 SEP 2005 * CONGO *</p>	
<p>1. Article Addressed to:</p> <p>Minstre de l'Economie, des Finances et du Budget Centre Administratif Quartier Plateau BP 2093 Brazzaville, Congo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) RB 669 332 940 US</p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>20 SEP 2005 * V.G.C. *</p>	
<p>1. Article Addressed to:</p> <p>Republic of the Congo c/o Head of the Ministry of Foreign Affairs Rodolphe Adada BP 98 Brazzaville, Congo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) RB 669 332 953 US</p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

05J-08- 826

J-22-165

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X</p> <p><i>FILED PROTHOMATOARY</i></p> <p><i>21/9/03</i></p>	
<p>1. Article Addressed to:</p> <p><i>Directeur General de la Caisse Congolaise d'Amortissement BP 2090 Brazzaville, Congo</i></p> <p><i>21/9/</i></p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>21/9/03</i> <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>RB 669 332 936 VS</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

EXHIBIT D

**IN THE SUPERIOR COURT FOR THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY**

CONNECTICUT BANK OF COMMERCE,) Delaware Judgment No. _____
)
) Index No. 26671/99
)
) SUPREME COURT OF THE
Plaintiff,) STATE OF NEW YORK
) COUNTY OF KINGS
)
vs.)
)
THE REPUBLIC OF CONGO,)
)
Defendants.)

ORDER

The Court, having considered the praecipe and ^{unopposed} motion of Af-Cap, Inc. ("Af-Cap"), as assignee of plaintiff/judgment creditor Connecticut Bank of Commerce, for an order directing the Prothonotary of this Court to issue a writ of garnishment on CMS Nomeco Congo, Inc. (the "Motion"), and for good cause shown, it is hereby ORDERED that:

- A. The Motion is GRANTED; and
 - B. In accordance with 28 U.S.C. § 1610 (c), the Court directs the Prothonotary of the Court to issue a writ of garnishment on CMS Nomeco Congo, Inc. in aid of Af-Cap's execution of an underlying judgment against defendants/judgment debtors.

Superior Court Judge

Dated: August ____, 2005

10:21 3.6mm

RECORDED AS A THIS COPY:
ATTENT: CHARON ADNEW

D. H. Jones

EXHIBIT E

**IN THE SUPERIOR COURT FOR THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY**

RECEIVED
2005 OCT -3 PM
DELAWARE JUDICIAL
S E C U R I T Y
C O M M I S S I O N
Plaintiff,
vs.
THE REPUBLIC OF CONGO,
Defendant.

) Delaware Judgment No. 05J-08-826
CONNECTICUT BANK OF COMMERCE,
) J-22-165 FJ
)
) Index No. 26671/99
)
) SUPREME COURT OF THE STATE
) OF NEW YORK
) COUNTY OF KINGS
)
)
)
) WRIT OF GARNISHMENT

TO: THE SHERIFF OF NEW CASTLE COUNTY, STATE OF DELAWARE,
you are commanded:

To serve this attachment on CMS Nomeco Congo., c/o its Registered Agent, Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801, to attach the money, goods, chattels, credits and effects, stocks, bonds, personal property, and/or real estate of Republic of the Congo, to satisfy a debt owed to the assignee of the above named plaintiff by the defendant in the amount of \$13,628,340.11 according to the judgment of the Supreme Court of the State of New York, County of Kings, Index No. 26671/99, which has been converted to a Delaware judgment by the Superior Court of Delaware In and for New Castle County, **Delaware Judgment No. 05J-08-826, J-22-165**

IN SHERIFF'S HANDS
DET-6 AM 10:25 a.m.
requires
WILMINGTON
NEWCASTLE COUNTY

To the defendant's garnishee who is served this paper:

NOTICE The Superior Court of the State of Delaware, in and for New Castle County, requires you to inform **PAUL D. BROWN, ESQUIRE, 1000 West Street, Suite 1540, Wilmington, Delaware, 19801 (302) 661-7000**, of all money, goods, credits and effects, stock, bonds, personal property, and/or real estate belonging to the defendant you currently possess. As the Garnishee, you are to retain the items stated by you in response to the above. You are to hold these items until another order of this Court releases you from this obligation. **You must do this within 20 days after service of this writ upon you, not counting the day that you received this writ.** Your failure to respond may result in a default judgment against you for the amounts the defendant owes as shown below. The amounts the defendant owes are:

RECEIVED
2005 OCT -3 P 4:58
DELAWARE JUDICIARY

FIFA Garnishment

Court: Superior Court Execution (New Castle)

Return Date: 01/04/2006

CA#05J 08 826ET

CONNECTCUT BANK OF COMMERCE

vs.

THE REPUBLIC OF CONGO

Service Count: 1

Court Date:

Return of Service to be made by: ___/___/___

Return of Service Mailed on: ___/___/___

Received Date: 10/06/2005

Prepared by: LGGasby

Service On**CMS NOMEKO CONGO INC ET AL -GARNISHEE**1209 ORANGE STREET
WILMINGTON , DE**File Comments**GARN CICERO GARN CK # 001596 \$ 20.00 FOR CMS
NOMEKO CONGO INC ET ALSo Am:
Sheriff

Writ Returned

er -

Debtors Asby

Deputy Sheriff

Attempted Service _____

Service _____
 Served By Alice
 Served B. Peirce
 Date Served 10/11 Time Served 1216S
 Place Served _____
 Substitute _____

2005 OC 17 PM 2:26
 PROTHONOTARY
 FILED
 OCTOBER 17, 2005
 DEPT. OF PROTHONOTARY
 WILMINGTON, DE 19801

Attorney:

GREENBERG TRAURIG LLP
 BRANDYWINE BUILDING
 1000 WEST STREET
 SUITE 11540
 WILMINGTON, DE 19801

Description of Person Served

Male _____ Female _____

(302)661-7000

Hair Color _____ Skin Color _____ Ethnicity _____

Height _____ Weight _____ Age _____

Other Identifying Marks _____

EXHIBIT F

Westlaw.

Not Reported in A.2d

Not Reported in A.2d, 1988 WL 130393 (Del.Super.)
(Cite as: 1988 WL 130393 (Del.Super.))

Page 1

H

Only the Westlaw citation is currently available.

UNPUBLISHED OPINION. CHECK COURT RULES BEFORE CITING.

Superior Court of Delaware.

Harris M. LISSAK

v.

FINNEGAN BUILDERS.

Submitted: Nov. 4, 1988.

Decided: Nov. 22, 1988.

Melvyn A. Woloshin, Woloshin, Tenenbaum & Natalie, P.A., Wilmington.

Jane W. Evans, Wilmington.

MARTIN, Resident Associate Judge.

*1 Plaintiff, Harris M. Lissak ("Lissak"), brings this summary judgment motion against defendants, John Finnegan, ("Finnegan"), and Finnegan Builders, Inc. ("Builders"), for Builder's failure to comply with garnishment procedures. For the following reasons this motion is denied.

On December 11, 1978, Lissak obtained a judgment against Finnegan in the amount of \$9,585.00 plus interest and costs. Lissak made repeated attempts to recover the amount of the judgment from Finnegan but was unsuccessful. Due to the inability to recover judgment, Lissak sought recover through attachment of Finnegan's wages. At this time, Finnegan was employed by Builders. On March 6, 1986, a writ of attachment was served upon Builders. Also, pursuant to the requirements of 10 Del.C. § 3509, Builders was paid a twenty dollar garnishment fee. Pursuant to the writ of attachment, Builders paid the sum of \$141.00 in two separate payments to Lissak.

On March 31, 1986 Builders sent a written response to Lissak stating that Finnegan had terminated his employment with Builders on March 12, 1986. Also, Builders stated that it would no longer honor the writ. On April 9, 1986 Lissak filed exceptions to the defects in Builder's response recognizing that it did not meet the qualifications of an answer to a writ Fi.Fa., pursuant to Delaware Civil Procedure Rule 5(aa)(2).

On June 30, 1987, Lissak filed this motion for summary judgment. Lissak demands from Builders the full judgment against Finnegan which went unsatisfied; \$9,585.00, plus interest and cost minus the \$141.68 paid by Builders.

Lissak contends that, because Builders failed to answer the writ pursuant to Delaware Superior Court Civil Rule 5(aa)(2), Builders did not perform its responsibilities as garnishee and is thus liable to have judgment rendered against it.

However, Builders contends that its' failure to properly respond to the writ was due to deficiencies within the writ itself. The writ lacked the proper notice required by *Del.C. 4(C)(2)*.

Builders specifically argues that the writ failed to specify the contents of an answer, where to appear to give the answer, and when to appear.

The issue before this Court is whether the writ is defective pursuant to *Del.C. Rules 4(c) and 4(c)(2)* thereby relieving Builders of any obligation to act upon the writ.

Superior Court Civil Rules 4(c) and 4(c)(2) set forth the requirements for the contents of a writ generally and a writ of attachment. The rules are as follows:

Rule 4(c):

(c) Contents of Writ: Generally. The process shall bear the date of its issuance, be signed by the Prothonotary or one of his Deputies, be under the seal of the Court, contain the name of the Court and the names of the parties, state the name of the official or other person to whom it is directed, the name and address of the plaintiff's attorney, if any, otherwise the plaintiff's address and the time within which these Rules require the defendant to appear and defend, and shall notify him that in case of his failure to do so, judgment by default will be rendered against him for the relief demanded in the complaint....

*2 Rule 4(c)(2):

(2) Attachment. The writ of attachment shall be directed to the person serving the writ and command him to attach the defendant by all his real and

Not Reported in A.2d

Not Reported in A.2d, 1988 WL 130393 (Del.Super.)

(Cite as: 1988 WL 130393 (Del.Super.))

Page 2

personal property in the county to which the writ is issued and to summon defendant's garnissees to appear within 20 days after service of the writ to answer or plead and shall notify them that, on failure to do so, they may be compelled by attachment.

The writ served upon Builders contained a summons for the Sheriff to attach the property of John Finnegan and, summoned the Garnishee, Builders, to appear at the Court to which the writ was returnable to give a verified answer, i.e., to declare what goods, chattels, rights, credits money or effects he had in his possession.

However, pursuant to the requirements of *Del.C.* 4(c)(2), the writ failed to notify Builders of the twenty day time limit within which to answer and of the possibility that on failure to do so the Court may compel Builders by attachment.

Since the contents of the writ failed to meet the requirements of *Del.C.* 4(c)(2), thereby giving insufficient notice to Builders, this Court finds the writ defective and thus unenforceable. Plaintiff's motion for summary judgment is denied.

IT IS SO ORDERED.

Not Reported in A.2d, 1988 WL 130393
(Del.Super.)

END OF DOCUMENT